		4 10 00 NO 1	10/700 (28)									
TRANSM	ITTAI	Application Number	10/790,628									
ı		Filing Date	3/1/2004									
FOR	IVI	First Named Inventor	Donald A. Stevens									
		Art Unit	3635									
(to be used for all correspond	lence after initial filing)	Examiner Name	Jessica L. Laux									
Total Number of Pages in T	his Submission	Attorney Docket Number	4417 - 040172									
ENCLOSURES (check all that apply)												
Fee Transmittal Form		Drawing(s)	After Allowance communication to TC									
Fee Attached		Liecnsing-related Papers	Appeal Communication to Board of Appeals and Interferences									
Amendment / Reply		Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)									
After Final		Petition to convert to a Provisional Application	Proprietary Information									
Affidavits/deeli	aration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter									
Extension of Time Ro	equest	Terminal Disclaimer	Other Enclosure(s) (please identify below):									
Express Abandonmer	nt Request	Request for Refund	1									
Information Disclosure Statement		CD, Number of CD(s)										
Certified Copy of Pride Document(s) Reply to Missing Parl Incomplete Application Reply to Missing Under 37 CFR	ts/ on ng Parts	Landscape Table on CD										
The Commissioner for Patents is hereby authorized to charge any additional fees or underpayment of fees under 37 CFR 1.16 and 1.17 to Deposit Account No. 23-0650 .												
	SIGNATURE OF	APPLICANT, ATTORNEY	, OR AGENT									
Firm Name Th	ne Webb Law Firm	4/										
Signature	Jama Po	rulli										
Printed Name Ja	ne James G. Porcelli											
Date M	Date May 26, 2009 Reg. No. 33,757											
	CERTIFICA	TE OF TRANSMISSION / MA	ILING									
I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 2313-1450 on the date shown below:												
Signature Christice A. Carria												
Typed or printed name	Christine A. Canava	n	Date May 26, 2009									

Effective on 12/08/2004.					Complete if Known								
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).													
FEE TRANSMITTAL				Application Number 10/790,6 Filing Date 3/1/2004									
For FY 2009							A. Stevens						
				First Named Inventor Donald Examiner Name Jessica									
Applicant claims small entity status. See 37 CFR 1.27				Diterration Indian		3635							
TOTAL AMOUNT OF PAYMENT (\$) 555.00				Attorney Docket 4417 - 0			40172						
METHOD OF PAYMENT (check all that apply)													
Check Credit Card Money Order Other (please identify):													
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name:													
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
Char	gc fee(s) indicate	d below			Charge fee	(s) indicated	below, except	for the	filing fee				
Charge any additional fee(s) or underpayments of fee(s) Under 37 CPR 1.16 and 1.17 Credit any overpayments													
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.													
FEE CALCULATION	N (All the fees b	elow are due t	pon filing o	r may b	subject to a su	rcharge.)							
1. BASIC FILING,													
	FILING		SEARCH	FEES LEntity		TION FEES							
Application Type		all Entity Fee (\$) I		e (S)	Fee (S)	Fee (\$)		Fees P	aid (\$)				
Utility	330	82		270	220	110							
Design	220	110	100	50	140	70	-						
Plant	220	110	330	165	170	85	_						
Reissue	330	165	540	270	650	325	_						
Provisional	220	110	0	0	0	0	_						
2. EXCESS CLAIM	FEES						_		Small Entity				
Fee Description Fee (\$)									Fee (S)				
Each claim over 20 (i		,						52	26				
Each independent claim over 3 (including Reissues)								220	110				
Multiple dependent el								390	195				
Total Claims -	20 or HP	Extra Claims	Fee (9)	Fee Paid (S)				pendent Claims				
HP = highest number o	f total claims paid	for, if greater than	20.				Ľ	ee (\$)	Fee Paid (S)				
Indep. Claims -	3 or HP	Extra Claims	Fee (<u>\$)</u>	Fee Paid (\$)								
HP = highest number o	f independent clain	s paid for, if great	X ter than 3.	=									
3. APPLICATION S		o para tore in great	ier than 5.										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under													
37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof.													
See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (S) Fee Paid (S)													
- 100 = /50 = (round up to a whole number) x =													
4. OTHER FEE(S)													
Non-English Specification, \$130 fee (no small entity discount)													
Other (e.g., late filing surcharge): 3 Months Petition for Extension of Time													
SUBMITTED BY													
Signature Registration No. (Attorney/Agent) 33,757							Telephone 412-471-8815						
								Date May 26, 2009					